



CITY OF ST MATTHEWS
ALCOHOLIC BEVERAGE CONTROL
3940 Grandview Ave, Louisville, KY 40207
(502) 899-2512

Section A

Section B

Applicant 's business/company name: _____ <div style="text-align: right; font-size: small;">(applicant's name, if sole proprietor)</div> DBA (Doing Business As): _____ Address of premises to be licensed: _____ City: _____ State: _____ Zip code: _____ County: _____ E-mail address: _____ Mailing address (if different from above): _____ Email Address (if different from above): _____ Contact person: _____ Contact Phone: _____ Fax: _____ Premises phone: _____ Fee enclosed: \$ _____	<p>Tax numbers must be issued in the applicant's name:</p> St Matthews Business License # _____ St Matthews Occupational Tax Withholding # _____ Federal EIN # _____
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Section C

Complete the following for the business proprietor, partner(s), and all persons having an interest in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. If privately-held, show 100% of the ownership. If publicly-traded, list the three highest ranking officers and any natural person who owns ten (10) percent or more. If a non-profit, list the highest ranking director or officer. Attach additional pages as needed.

NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W=WORK C=CELL	LAST4 DIGITS OF SOCIAL SECURITY NUMBER	TITLE	US CITIZEN SHIP	DATE OF BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST5 YRS	%OF OWNERSHIP (If applicable)
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%

SECTION D

1. Is this a publicly-traded company? Yes No
 If yes, attach the criminal background checks for the three highest ranking officers and any person who owns ten percent (10%) or more interest.
 If no, attach the criminal background checks for all persons listed in Section C.
2. Does the applicant have ownership of the premises by lease, permit, management agreement, or land contract for the entire license period? Date agreement expires: _____ Yes No
 Attach a legal description of the boundaries of the premises (i.e. drawings, copy of lease or deed, and bounds etc.)
3. Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity? Yes No
4. If Yes:
 A. Identify the state in which the applicant is incorporated or organized. _____
 B. Attach a copy of the applicant's Certificate of Existence or Certificate of Authority to do business in Kentucky.
 C. Identify and provide the address of the individual who is designated as the process agent to receive legal notifications: _____
5. Has the applicant or any person listed in Section C ever been licensed to sell alcoholic beverages? Yes No
 If yes, check the license type (s) and give the business name and state:
 Alcohol Producer: _____
 Distributor / Wholesaler: _____
 Retailer: _____
6. Does the applicant or any person named in Section C have 10% interest or more in any alcohol license type? Yes No
 If Yes, please list or explain _____
7. Has the applicant or any person named in Section C been convicted of any felony, been release from felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years? Yes No
 (KRS 243.100(1) (A))
8. Has the applicant or any person named in Section C been convicted of a misdemeanor directly or indirectly related to Alcohol or a controlled substance within the past two (2) years? Yes No
 (KRS 243.100 (1) (B) and (C))
9. Has there ever been a suspension, denial, or revocation of any Kentucky alcoholic beverage license held by the Applicant or by any person named in Section C of this application? Yes No
 If yes, attach a statement giving a full explanation, including dates of suspension, denial, or revocation.
10. Are the premises currently licensed? If yes, list the Kentucky License number(s): _____ Yes No
 A. Are the rights of an existing Quota Retail Package License or a Quota Retail Drink license being transferred? Yes No
 B. Is the applicant applying for a new Quota Retail Package license or a Quota Retail Drink License? Yes No
 C. Is the applicant acquiring an interest in the existing business? Yes No
11. Will gasoline and lubricating oil be sold or will motor vehicles be serviced or repaired at the premises to be licensed? (KRS 243.088) Yes No
 If yes, will an inventory of not less than \$5,000 in food, groceries, and related products be maintained? Yes No
12. Will tobacco products, alternative nicotine products, or vapor products be sold at the premises to be licensed? (KRS 438.305) Yes No
 If yes, check the products that will be sold:
 Tobacco Products
 Alternative Nicotine Products
 Vapor Products

SECTION E

Check the license type(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type(s) are met.

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
RETAIL		
<input type="checkbox"/> <u>Quota Retail Package License</u> (KRS 243.230 KRS 243.240, 804 KAR 9:040)	\$1100	\$550
<input type="checkbox"/> <u>Quota Retail Drink License</u> (KRS 243.230, 804 KAR 9:050)	\$1000	\$500
<input type="checkbox"/> <u>NQ Retail Malt Beverage Package License</u> (KRS 243.280)	\$200 If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$250: \$200 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ4 Malt Beverage License.	\$100
<input type="checkbox"/> <u>NQ4 Retail Malt Beverage Drink License</u> (KRS 243.088)	\$200 If applying for both a NO Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$250: \$200 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Beverage Package License.	\$100
<input type="checkbox"/> <u>NQ1 Retail Drink License</u> (KRS243.082) <input type="checkbox"/> Convention Center- Premises capacity of a t least1,000 persons <input type="checkbox"/> Horse Track - Premises located a t t rack licensed by the Kentucky Horse Racing Commission (KRS243.265attacha copy of the racing license. <input type="checkbox"/> Automobile Racetrack - Premises seating capacity of at least 30,000persons. <input type="checkbox"/> Air or Rail system- Commercial airline system or railroad company that sells alcoholto passengers on scheduled or chartered trips <u>Attach</u> a copy of the listing of the air or rail terminals and the location of the storage areas. <input type="checkbox"/> State Park- 9-Hole or 1 8-hole golf course, or full service lodge and dining room	\$1200 Cost for each box checked in first column	\$600
<input type="checkbox"/> <u>NQ2 Retail Drink License</u> (KRS2 43.084) <input type="checkbox"/> Restaurant - Minimum 50% of gross annual sales <input type="checkbox"/> Motel/Hotel - Minimum 50 sleeping rooms and maintain a restaurant with 50% food sales. <input type="checkbox"/> Airport - premises located in commercial airport through which more than 500,000 passengers arrive or depart annually <input type="checkbox"/> Riverboat - <u>Attach</u> a copy of the applicant's permit issued by the United States Coast Guard authorizing the applicant's Riverboat to carry 100 or more passengers. <input type="checkbox"/> Distillery-Must be in wet territory or distillery moist territory and all employees who will be involved in sales must be STAR trained within thirty (30) days of beginning employment	\$1200 Cost for each box checked in first column	\$600

SECTION E (Continued)

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<input type="checkbox"/> NQ3 Retail Drink License (KRS 243.086) Private Club – Nonprofit charitable, civic, social, fraternal, organization, or political club which has maintained a room from which the general public has been excluded for at least one (1) year. <u>Attach</u> documentary evidence of the applicant’s non-profit status. <input type="checkbox"/> Dining Car- Railroad or Pullman car company that sells alcohol by package or drink on a train. <input type="checkbox"/> Bed and Breakfast- Must be in wet territory and may sell to registered overnight guests <u>Attach</u> Permit to Operate (902 KAR 45:006)	\$300 Cost for each box checked in first column	\$150
<input type="checkbox"/> Limited Restaurant License LR100 or LR50 (KRS 241.010, KRS 242.1244, KRS 243.034) <input type="checkbox"/> LR100 – Minimum 70% food sales and minimum seating capacity of 100 persons at tables <input type="checkbox"/> LR50- Minimum 70% food sales and minimum seating capacity of 50 persons at tables	\$1200	\$600
<input type="checkbox"/> Limited Golf Course License (KRS 243.038, KRS 243.039) 9-Hole or 18-hole USGA regulation Course	\$1200	\$600

SECTION E (Continued)

<input type="checkbox"/> Caterer’s License (KRS 241.010, KRS 243.033) Premises contains commissary (kitchen) and applicant holds food service permit. <u>Attach</u> a copy of the Food Service Permit issued by the local health department.	\$800	\$400
<input type="checkbox"/> Distiller’s License - Class A [more than 50,000 gallons produced annually] (KRS 243.12, KRS 243.130, 804 KAR 4:240) <u>Attach</u> a copy of the Federal Basic Permit	\$500	\$250
<input type="checkbox"/> Distiller’s License - Class B [less than 50,000 gallons produced annually] (KRS 243.120, KRS.130, 804 KAR 4:240)! Attach a copy of the Federal Basic Permit Attach the most recent Federal Monthly Report of Production Operations Form if available (TTBF51210.40)	\$500	\$250

SECTION E (Continued)

<p>Rectifier 's License - Class A [more than 50,000 gallons rectified annually] (KRS 243.120, KRS 243.130, 804 KAR 4:240)</p> <p>Check the appropriate box for license term:</p> <p>Attach a copy of the Federal Basic Permit.</p>	<p>\$1500</p>	<p>\$750</p>
<p><input type="checkbox"/> F Y W J Z Y f g j @ W b g Y 1 7 ` U g g 6 ` O Y g g ` h U b `) \$ \$ \$ \$ ` [U ` c b g ` f Y W J Z Y X ` U b b i U ` m Q f P F G & (` % \$ \$? F G & (` % \$ \$ \$ (` ? 5 F ` (. & ` \$ L</p> <p><u>5 H U W ` U W ` d m i c Z H Y : Y X Y f U ` 6 U g J W d Y f a] H `</u> <u>5 H U W ` h Y a c g h f Y W b h i : Y X Y f U ` A c b h ` m i F Y d c f h c Z D f c W g g] b [` C d Y f U h c b g ` z f a ` j Z U j U j U V ` Y f H H 6 ` :) % \$ ` & , L</u></p>	<p>\$1500</p>	<p>\$750</p>
<p><input type="checkbox"/> 6 c h i] b [` < c i g Y 6 c h i] b [` < c i g Y G r c f U j Y @ W b g Y</p>	<p>\$1000</p>	<p>\$500</p>
<p><input type="checkbox"/> A] W c V f Y k Y f m i @ W b g Y Q c h i r c ` Y i W Y X `) \$ \$ \$ \$ ` V U f f Y g ` d f c X i W X ` U b b i U ` m i f P F G & (` %) + z ` ? F G & (` " \$ * L 7 \ Y W ` h Y U d d f c d f] U h ` V c l ` z f ` ` j W b g Y h f a . `</p> <p><u>5 H U W ` U W ` d m i c Z H Y : Y X Y f U ` 6 U g J W d Y f a] H `</u> <u>5 H U W ` h Y a c g h f Y W b h i : Y X Y f U ` 6 f Y k Y f f g Y d c f h c Z C d Y f U h c b g ` z f a ` j Z U j U j U V ` Y f H H 6 ` :) % \$ ` " L "</u></p>	<p>\$500</p>	<p>\$250</p>
<p><input type="checkbox"/> K \ c ` Y g U Y f f g j @ W b g Y f P F G & (` % \$ \$? F G & (` % \$ \$ L 7 \ Y W ` h Y U d d f c d f] U h ` V c l ` z f ` j W b g Y h f a . `</p> <p><u>5 H U W ` U W ` d m i c Z H Y : Y X Y f U ` 6 U g J W d Y f a] h</u></p>	<p>\$1500</p>	<p>\$750</p>
<p><input type="checkbox"/> 8] g h j] v i h c f f g j @ W b g Y f P F G & (` % \$ \$? F G & (` " \$ * L</p> <p><u>5 H U W ` U W ` d m i c Z H Y : Y X Y f U ` 6 U g J W d Y f a] h</u></p>	<p>\$200</p>	<p>\$100</p>
<p><input type="checkbox"/> G d Y W j U ` G i b X U m i F Y H j ` 8 f] b _ ` @ W b g Y</p> <p>5 j U j U V ` Y c b ` m] Z U i h c f] n Y X ` V m ` c W U ` c f X] b U b W W ` c Z 9 ` Y W j c b ` f P F G & (` " & \$ \$? F G & (` " & `) L</p>	<p>\$250</p>	<p>\$125</p>
<p><input type="checkbox"/> G i d d ` Y a Y b H U ` 6 U f ` @ W b g Y : Y Y g ` U f Y f Y e i] f Y X ` z f ` h Y z] f g h z] Y ` f P F G & (` \$ ` + z ` ? F G & (% \$ % \$ L</p> <ul style="list-style-type: none"> <input type="checkbox"/> E i c H U F Y H j ` 8 f] b _ <input type="checkbox"/> B E ! & F Y H j ` 8 f] b _ <input type="checkbox"/> B E ! ` F Y H j ` 8 f] b _ <p>< c k ` A U b m G i d d ` Y a Y b H U ` @ W b g Y g ` j g ` h Y U d d ` j W U b h i U d d ` m] b [` z f 3 ` " S S S S S S S S `</p>	<p>Fee for each of the first (5) supplemental bar licenses shall be the same as the fee for the primary drink license</p>	<p>Half of Annual</p>

SECTION E (Package Extended Hours)

Quota Retail Package (2AM to 4AM)	\$100	\$50
NQ Retail Malt Beverage Package (2AM to 4AM)	\$50	\$25

SECTION E (Retail Drink Extended Hours)

Special Hours Supplemental License (Sunday 10AM to 1PM)	\$100	\$50
Quota Retail Drink Extended hours (2AM to 4AM)	\$100	\$50
NQ-2 Retail Drink (2AM to 4AM)	\$100	\$50
NQ3 - Retail Drink (2AM to 4AM)	\$100	\$50
NQ-4 Retail Malt Beverage Drink (2AM- 4AM)	\$50	\$25

SECTION F

- List all types of licenses applied for in Section E: _____
- Describe in detail the type of business and how alcoholic beverages will be sold: _____

- If the applicant is buying an existing Licensed business and has applied for /or have been issued a Kentucky State ABC Transitional License, Please Provide the Transitional License number with expiration date and complete the Seller Verification section of the application.
 If applicable, Kentucky State Transitional License Number: _____
 Issue Date: _____ Expiration Date: _____

Seller Verification

Applicable only if the applicant is buying an existing business.

If the applicant is buying an existing business, then the seller must complete and sign this section.

I (we), _____, hereby swear or affirm that I am the owner or
(print full name)

authorized officer of _____ that holds the following state license(s), the numbers of which are listed here:
(name of business)

_____. The business is located at _____
(business address)

My contact information is _____
(street address) (city) (county) (state) (zip)

(phone number) (fax number) (email address)

I (we) hereby surrender said license(s) and in doing so relinquish all rights and claims thereto and all privileges thereunder. I understand that if a license transfer is not approved, said license surrender shall be void and the license shall remain in the seller's name.

Signature of Seller(s): _____ **Title:** _____ **Date:** _____

(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**.)

ABC ADMINISTRATOR APPROVAL

I certify under oath that the applicant(s) has been approved for the equivalent local license type(s) applied for herein for the identified premises, and that the applicant satisfies all local ordinances.

The premises to be licensed is located in the following WET PRECINCT: _____

APPLICANT NAME: _____ ADDRESS: _____

SIGNATURE OF LOCAL ABC ADMINISTRATOR: _____ DATE: _____

PRINTED NAME OF LOCAL ABC ADMINISTRATOR : _____

City of St. Matthews Administrator

APPLICANT AFFIDAVIT

I, (print your name here) _____ do hereby swear or affirm under penalty of perjury that all statements contained in this application and any attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear or affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the City of St. Matthews and Kentucky Department of Alcoholic Beverage Control. I hereby swear or affirm that if the license(s) is issued, I shall abide by all state, City of St. Matthews and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear or affirm that no persons listed in Section (C) of this application are in default of a repayment obligation under any financial program administered by Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature of Applicant: _____ **Title:** _____ **Date:** _____